ISDH Annual Fiscal Report of a Nonprofit Acute Care Hospital

Hospital: Clarian Health Partners

Year: 2003 City: Indianapolis Peer Group: Large

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue				
Inpatient Patient Service Revenue	\$1,294,606,000			
Outpatient Patient Service Revenue	\$755,315,000			
Total Gross Patient Service Revenue	\$2,049,921,000			
2. Deductions from 1	Revenue			
Contractual Allowances	\$711,727,000			
Other Deductions	\$67,802,000			
Total Deductions	\$779,529,000			
3. Total Operating I	Revenue			
Net Patient Service Revenue	\$1,270,392,000			
Other Operating Revenue	\$52,302,000			

4. Operating Expenses				
Salaries and Wages	\$467,780,000			
Employee Benefits and Taxes	\$105,250,000			
Depreciation and Amortization	\$86,735,000			
Interest Expenses	\$22,551,000			
Bad Debt	\$61,949,000			
Other Expenses	\$545,757,000			
Total Operating Expenses	\$1,290,022,000			
5. Net Revenue and Ex	kpenses			
Net Operating Revenue over Expenses	\$32,672,000			
Net Non-operating Gains over Losses	\$56,327,000			
Total Net Gain over Loss	\$88,999,000			

Total Operating Revenue	\$1,322,694,000

6. Assets and	Liabilities
Total Assets	\$2,843,475,000
Total Liabilities	\$1,448,936,000

Statement Two: Contractual Allowances					
Revenue Source	Gross Patient Revenue		Net Patient Service Revenue		
Medicare	\$611,916,000	\$314,441,000	\$297,475,000		
Medicaid	\$380,753,000	\$151,955,000	\$228,798,000		
Other State	\$0	\$0	\$0		
Local Government	\$0	\$0	\$0		
Commercial Insurance	\$1,057,252,000	\$313,133,000	\$744,119,000		
Total	\$2,049,921,000	\$779,529,000	\$1,270,392,000		

Statement Three: Unique Specialized Hospital Funds					
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment		
Donations	\$271,659	\$0	\$271,659		

Educational	\$4,278,273	\$48,217,362	(\$43,939,089)
Research	\$378,996	\$3,021,680	(\$2,642,684)

Number of individuals estimated by this hospital that are involv	ed in education
Number of Medical Professionals Trained In This Hospital	350
Number of Hospital Patients Educated In This Hospital	0
Number of Citizens Exposed to Health Education Message	1,551,261

Statement Four Annual Summarized Community Benefit Statement on Nonprofit Hospital

This hospital is a nonprofit organization and files an annual community benefit statement with the Department under Indiana Code 16-21-9. Each nonprofit hospital must confirm its mission statement, document the number of persons and dollars allocated under its adopted charity care policy, and describe the progress of the community to achieve specific objectives set by the hospital.

County	Marion	Community	State of Indiana
Location		Served	

Hospital Mission Statement

To improve the health of our patients and community through innovation and excellence in care, education, research, and service.

Unique Services		Type of Initiatives		Document Available	
Medical Research YES		Disease Detection	YES	Community Plan	YES

Community Education YES Clinic Support YES Needs A	Assessment	2001

Allocation of Dollars and Persons Served under Adopted Charity Policy

Most nonprofit hospitals adopt a charity benefit policy to serve the medically indigent. On an annual basis, the hospital will confirm the eligibility and set aside dollars to ensure low-income persons can be offered needed inpatient and outpatient hospital services.

	2001	2002	2003
Persons served in last twelve months	2,424	2,404	2,404
Charity Care Allocation	(\$46,483,251)	(\$54,001,166)	(\$18,255,107)

Hospital Community Benefit Projects and the Projects' Net Cost

On an annual basis, all nonprofit hospitals will report on the progress that the local community has made in reducing the incidence of disease and improving the delivery of health services in the community.

Net Costs of Programs
(\$172,000)
(\$83,765)
(\$40,000)
(\$59,340)

Injury prevention	(\$1,237,185)

Summary of Unreimbursed Costs of Charity Care, Government Funded Programs, and Community Benefits

Based on uniform definitions of costs, each nonprofit hospital must identify the costs of serving its community that are not reimbursed by government and other third party payers.

Specialized Programs	Unreimbursed Costs
1. Total unreimbursed costs of providing care to patients	(\$18,255,107)
unable to pay, to patients covered under government funded programs, and for medical education, training.	
2. Community Health Education	(\$2,424,058)
3. Community Programs and Services	(\$7,917,382)
4. Other Unreimbursed Costs	(\$1,030,211)
5. Total Costs of Providing Community Benefits	(\$29,626,758)

Identification of Additional Non-Hospital Charity Costs

In addition, some hospitals will have non-hospital organizations under its ISDH license are providing community benefits in this fiscal year.

Organization Providing Charity Care	Net Costs of Care
None	\$0

For further information on these initiatives, contact:

Hospital Representative: Don Deutsch

Telephone number: 574/962-6110

Web Address Information: www.clarian.org

ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL AND OTHER HOSPITALS IN ITS PEER GROUP

PERFORMANCE INDICATOR	METHODOLOGY	THIS HOSPITAL'S RESULTS	PEER GROUP AVERAGE
1. # of FTE's	Number of Full Time Equivalents	9,341	2,212
2. % of Salary	Salary Expenses divided by Total Expenses	36.3%	37.8%
3. Average Daily Census	Patient Days divided by annual days (365 days)	906.8	237.6
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	6.5	5.1
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/Surgical discharges	\$4,758	\$3,042

6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$25,497	\$17,323
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	36.8%	40.9%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$1,120	\$1,022
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	29.9%	37.8%
10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	4.8%	4.9%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$18,255,107)	(\$10,021,313)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	2.5	4.3

Notes:

- 1. NR = Not Reported
- 2. See Statewide Results for definitions of terms.